



Issue #297

January 30, 2009

## Email Edition

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## Immunization Program

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## Update on Increase in Hib Cases: January 23

*From the Centers for Disease Control and Prevention*

Minnesota has seen an increase in *Haemophilus influenzae* type b (Hib) cases in children younger than 3 years of age. In 2008, there were 5 confirmed cases of Hib, including one death. This serious disease has been uncommon since routine use of Hib vaccine began over 15 years ago. Before widespread use of the vaccine, Hib disease struck over 20,000 children per year in the U.S. Although Hib bacteria normally circulate in the community, the current conditions are jeopardizing the cushion of protection high immunization coverage provides, making babies even more vulnerable.

The children affected were either mostly unimmunized or partially immunized.

Because high immunization coverage provides what's commonly called "herd immunity," parents may forget that vaccine-preventable diseases are still circulating. CDC urges parents of children under age 5 to check their children's immunization records, or to call their children's doctor, nurse, or clinic to see if their children are fully protected with Hib vaccine as age appropriate. Hib vaccine is safe and highly effective.

The entire country has been in a Hib vaccine shortage since December, 2007. This shortage is expected to last into mid-2009. There are adequate vaccine supplies to provide protective Hib primary series vaccination for all the children who need them. However, vaccine supply is complicated to manage during a shortage, so not all medical offices or clinics will have vaccine available on any given day.

With the currently available vaccine, babies should receive three doses of available Sanofi Hib vaccine: one each at 2, 4, and 6 months of age. Due to the shortage, the booster dose normally received at age 12-15 months can be safely deferred, except for children at high risk, such as those children with sickle-cell disease, leukemia, HIV and other immune system problems, no spleen, or American Indian/Alaska Native children. Older children who did not receive the Hib vaccine during infancy can be protected with fewer doses. Parents should check with their child's healthcare provider.

CDC has initiated enhanced surveillance to look for Hib disease in children across the country. To date, CDC has not identified any additional clusters of Hib disease outside of Minnesota, but it continues to work with the states to follow up on any suspected cases and urges providers to report cases to their health departments.

Full Article Available on the CDC Website <http://cdc.gov/vaccines/vpd-vac/hib/downloads/increase-hib-cases-508.doc>

## Hib Availability

Vaccine Presentation	February Doses Allocated	Doses Available to Order
ActHIB®	6,330	6,330
PedvaxHIB®	200	430*
Pentacel®	4,405	7,745*

\*Includes Doses Unused in Previous Month Allocation

## Vaccine Spotlight: RotaTeq®

RotaTeq® (RV5) is a live, attenuated pentavalent oral vaccine that is for the prevention of rotavirus disease. RotaTeq® is manufactured by Merck and was approved for use by the FDA in 2006. RotaTeq® contains no preservatives.

**Recommended Schedule** RotaTeq® is a 3-dose series recommended to be given at 2, 4, and 6 months of age.

**Minimum age** Dose 1: 6 weeks; Dose 2: 10 weeks; Dose 3 (if applicable): 14 weeks

**Minimum Intervals** Dose 1 to Dose 2: 4 weeks; Dose 2 to Dose 3: 4 weeks

**Maximum age** Dose 1: 14 weeks, 6 days; Dose 2 or 3: 8 months, 0 days\*

**Preparation** Hold tube vertically and tap cap to clear fluid from tip. Turn cap clockwise to puncture dispensing tip. Turn counterclockwise to remove cap.

### Oral Administration

- Gently squeeze liquid into infant's mouth towards inner cheek.
- No food or drink restrictions before or after vaccination.
- Can be given at the same visit as other vaccines.
- If dose is regurgitated or spit out, do not repeat dose and count it as valid.

### Storage & Handling

- Supplied in ready-to-use latex-free applicator with a 2ml liquid dose; 10 applicator doses per box.
- RotaTeq® is a pale yellow clear liquid that may have a pinkish tint.
- Must be kept at refrigerator temperature (35°–46° F) at all times. Do not freeze.
- Protect vaccine from light.
- Use vaccine as soon as possible after removal from refrigeration.

**CHIRP Users** Enter as Rotavirus, pentavalent

**Tally Sheet Users** Indicate ROTA when using RotaTeq®

**Interchangeability of Rotavirus Vaccines** ACIP recommends that the rotavirus vaccine series be completed with the same product whenever possible. However, vaccination should not be deferred if the product used for previous doses is not available or is unknown. In this situation, the provider should continue or complete the series with the product available. If any dose in the series was RV5 or the product is unknown for any dose in the series, a total of three doses of rotavirus vaccine should be given.

ACIP does not express a preference for RV5 or RV1. ACIP Provisional recommendations for rotavirus vaccine are available at: <http://www.cdc.gov/vaccines/recs/provisional/downloads/roto-7-1-08-508.pdf>

\*Calendar months

## Rotarix®

Rotarix® (RV1) is a live, attenuated monovalent oral vaccine that is for the prevention of rotavirus disease. Rotarix® is manufactured by GlaxoSmithKline (GSK) and was licensed by the FDA in 2008. Rotarix® contains no preservatives.

**Recommended Schedule** Rotarix® is a 2-dose series recommended to be given at 2 and 4 months of age.

**Minimum age** Dose 1: 6 weeks; Dose 2: 10 weeks

**Minimum Interval** Dose 1 to Dose 2: 4 weeks

**Maximum age** Dose 1: 14 weeks, 6 days; Dose 2: 8 months, 0 days\*

**Preparation** Vaccine must be reconstituted. Remove cover from vial of vaccine, apply transfer adaptor to vial. Shake diluent and after removing cap, connect oral applicator to transfer adaptor by pushing it firmly together. Transfer the entire content of the oral applicator into the vial of lyophilized vaccine. While connected, shake the vial and examine for complete suspension. The reconstituted vaccine will appear more turbid than the diluent alone. Withdraw the entire mixture back into the oral applicator. Remove the oral applicator from the transfer adapter.

### Oral Administration

- Gently squeeze liquid into infant's mouth towards inner cheek.
- No food or drink restrictions before or after vaccination.
- Can be given at the same visit as other vaccines.
- If dose is regurgitated or spit out, do not repeat dose and count it as valid.
- Rotarix® oral applicator contains latex rubber.

### Storage & Handling

- Supplied as single dose vial of lyophilized vaccine, packaged with transfer adaptor and oral applicator pre-filled with liquid diluent. 10 single dose sets per box.
- Use provided diluent only for reconstitution. Inspect the diluent visually for particulate or discoloration—do not use if either condition exists in diluent. Shaken diluent will appear as a turbid liquid with a slow settling white deposit if properly prepared.
- Must be kept at refrigerator temperature (35°–46° F) at all times. Do not freeze.
- Protect vaccine from light.
- Use vaccine within 24 hours of reconstitution. Keep reconstituted vaccine in proper storage and protect from light.

**CHIRP Users** Enter as Rotavirus, monovalent

**Tally Sheet Users** Rotarix® is currently not listed on the tally sheet. Do not write it in. Tally sheets cannot be read by the fax machine if any extra markings are added.

\*Calendar months

## Questions of the Week

Why are some minimum intervals or age recommendations for administering vaccines written in months and others in weeks, or days?

If the dosing interval is 4 months or more, it is common to use calendar months.

*Example: 6 months from October 1 is April 1*

If the dosing interval is less than 4 months, it is common to convert months into days or weeks.

*Example: 1 month = 4 weeks = 28 days*

(Adapted from the Dec 2008 edition of Needle Tips, Ask the Experts)

The new ACIP provisional recommendation for Rotavirus is 8 months 0 days. Does that mean 8 'calendar' months or 32 weeks?

The July 2008 ACIP provisional recommendation for the maximum age for completing the Rotavirus vaccine series is 8 calendar months (e.g. 8 calendar months from January 1 is September 1).

This may be longer than 32 weeks, depending on the number of days within each calendar month. See page 2 for more information on Rotavirus vaccine.

Please continue to call with your vaccine-related questions or email us at [immunize@isdh.in.gov!](mailto:immunize@isdh.in.gov)

## Upcoming Events

**February 23, 2009**

**9:30am - 11:30am (EST)**

**CHIRP User Group Meeting**

St. Vincent Hospital

Shafer Room D & E Lower Level

2001 West 86th Street

Indianapolis, IN 46260

**February 23, 2009**

**1:30pm - 3:00pm (EST)**

**Introduction to CHIRP Training**

St. Vincent Hospital

Shafer Room D & E Lower Level

2001 West 86th Street

Indianapolis, IN 46260

*Registration required.*

Call (888) 227-4439 to register.

**February 24, 2009**

**8:30am - 1:00pm (EST)**

**Immunizations from A to Z PLUS**

Grant County Complex, 401 S.

Adams St, Marion, IN 46953

For more information, contact Jodi

Morgan (317) 650-5051 or

[jmorgan@isdh.in.gov](mailto:jmorgan@isdh.in.gov)

[Click here for registration form.](#)

**February 27, 2009**

**8:30am - 3:30pm (EST)**

**Immunizations from A to Z PLUS**

Floyd Memorial Hospital, Paris

Education Center, 1850 State

Street, New Albany, IN 47150

For more information, contact

Sharon Griffin at (317) 670-8826 or

[sgriffin@isdh.in.gov](mailto:sgriffin@isdh.in.gov)

[Click here for registration form.](#)

### CHIRP Tip

When choosing a password, be sure to use a combination of letters and numbers that no one else would know.

Remember that CHIRP passwords must have at least eight total characters. They can, however, be longer if desired.

### Reminder/Recall

CHIRP Reminder/Recall postage and postcards, both printed and blank, are now available.

## Quality Service Improvement Project

The Indiana State Department of Health has been working with the CDC on a Quality Service Improvement (QSI) project. The QSI project aims to improve vaccine ordering efficiency and customer service. During the QSI project, a team of CDC contractors reviewed internal vaccine ordering process and practices and has begun providing technical assistance to improve the vaccine ordering system. Below are some common provider questions identified during the QSI project.

### What happens to my order after I fax it to ISDH?

When orders are faxed to ISDH they are date/time stamped and reviewed. Any changes to order quantity or questions regarding the order are handled by the vaccine ordering staff, and the order is then routed to the Vaccine Coordinator to input into Vacman. Orders are entered into Vacman in the order they were received.

### What is the estimated time for the order to be process and shipped?

**Phase 1** Once the order is received, it currently takes 2.23 days for the order to be reviewed, approved and input into the Vacman ordering system by ISDH staff. The order is then transmitted to the CDC.

**Phase 2** It currently takes CDC 2 days to process the order and send to the McKesson Distribution Center in Memphis, TN.

**Phase 3** The McKesson Distribution Center has up to 4 days process and ship the order. Shipping times range from 3-5 days after the order leaves the McKesson Distribution Center and is received by the provider's office.

During heavy order times of year, such as flu season, the processing time may be greater because of the quantity of orders received. ISDH order processing time has been reduced from an average of 12 days in November, to an average of 2.23 days in January.

Look for future updates on this innovative QSI project.

## What's Coming in 2009

The Indiana State Department of Health is currently working with the CDC to improve current goals and objectives for the Immunization Program for 2009. Currently, Indiana is ranked 38th in the country for immunization rates according to the National Immunization Survey, and is exploring ways to improve this standing.

Increasing statewide immunization rates is a top priority of the ISDH Immunization program. To meet this goal, here are few things you can expect from ISDH in the upcoming year.

- Increase the number of VFC Providers
- Update educational materials and provide trainings to all immunization providers
- Establish guidelines and policies to reduce wasted vaccine and improve storage and handling procedures
- Continue to improve vaccine ordering efficiency and customer service
- Assist local health departments in acquiring a Delegation of Authority agreement to enable them to provide VFC vaccine to underinsured children

## VFC Eligibility Reminder

Children 18 years of age or younger who meet at least one of the following criteria are eligible to receive VFC vaccine:

**Medicaid eligible** A child who is eligible for the Medicaid program. If a child has Medicaid in addition to any other insurance, they are still VFC eligible. If you elect to bill the primary insurance and use private stock, and the primary insurance company denies the claim, you cannot claim reprocess the claim through Medicaid. It is recommended that you use VFC vaccine for children who are Medicaid eligible.

**Uninsured** A child who has no health insurance coverage.

**American Indian or Alaska Native** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)

**Underinsured** A child who has commercial (private) health insurance but the coverage does not include vaccines or a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). If a child's insurance caps vaccine coverage at a certain amount, once that coverage amount is reached, the child is categorized as underinsured. Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

**Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).**

To increase the reach of the VFC vaccine, many FQHC and RHC around the country have signed a Delegation of Authority (DOA) agreement with local health departments. A DOA allows the local health department to provide VFC vaccine to underinsured children under the authority of the FQHC/RHC.

For more information on how to enter into a DOA agreement, please contact us at [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov).

### Conference Presentations

#### Available!

Breakout session presentations conducted during the 2008 Indiana Immunization Conference are now available to request. Topics include Vaccine Storage & Handling, Program Integrity, and Using CHIRP for Vaccine Management.

To request a presentation, please contact April Bailey at [abailey@isdh.in.gov](mailto:abailey@isdh.in.gov) or (317) 233-6923.

### Watch the IAIC Webinar online!

On December 18, 2008 the Indiana Adult Immunization Coalition hosted a Webinar on "Immunizing Healthcare Workers" presented by Dr. Eric Benning.

Watch the webinar online at <http://immunizeinadults.org/>.

### Indiana Immunization Coalition Meeting Dates

Meetings will be held from 12:00pm to 3:00pm in the Rice Auditorium at the Indiana State Department of Health on the following dates:

- March 19
- May 21
- September 17
- November 19

### Indiana Adult Immunization Coalition Meeting Dates

Quarterly meetings will be held from 10:00am-12:00pm in the Rice Auditorium at the Indiana State Department of Health on the following dates:

- January 27
- April 14
- July 14
- October 13

## Influenza Vaccine Supply Availability

Providers may submit orders for more doses of any currently available influenza vaccine.

Vaccine Presentation	Doses Available to Order
Fluzone 0.25, PFS	990
Fluzone 0.5, PFS	15,910
Fluzone 0.5, MDV	32,440
Fluviron 0.5, PFS	17,910

Fluzone 0.5, SDV and FluMist are no longer available.